



**SANTA BARBARA
BOOKS, INC.**

APPLICATION FOR EMPLOYMENT
PLEASE READ CAREFULLY - WRITE CLEARLY - ANSWER ALL QUESTIONS
RESUMES WILL NOT BE ACCEPTED IN PLACE OF THIS APPLICATION!

Last Name		First Name		Middle Name		Social Security Number	
Present Street Address (Include: City, County, State and Zip Code)				Length of Time at Present Address		Phone Number (Include Area Code)	
Previous Address	Street	City	County	State	Zip Code	Phone Number (Include Area Code)	

**STATEMENT & AUTHORIZATION TO RELEASE INFORMATION
PLEASE READ THIS STATEMENT CAREFULLY BEFORE YOU COMPLETE THIS APPLICATION**

S.B. Books, Inc., in considering my application for employment or any subsequent changes such as a promotion or transfer, may verify the information set forth on this application and obtain additional information relating to my background. I authorize all persons, schools, companies, corporations, credit bureaus, government agencies and medical personnel to supply any information concerning my background which may include, but is not limited to, criminal, credit and driver's license, provided state law permits and where such inquiries are job related. If hired, my employment status is not contractual. It is "at will" and may be terminated by myself or S.B. Books, Inc. for any reason and at any time, with or without notice. I understand that no one, other than the President of S.B. Books, Inc., in writing, has any authority to enter into an employment agreement with me which differs from the terms contained herein.

Have you ever applied for employment at S.B. Books, Inc. before? Yes ___ No ___ If "Yes," month and year: _____ Location: _____	Position Applying for: _____ Start date: _____ Will you accept Full Time work? Yes ___ No ___ Will you accept Part Time work? Yes ___ No ___ Can you work all shifts including Grave Yard shift? Yes ___ No ___ If not, which shifts are you able and willing to work? 1st ___ 2nd ___ 3rd ___ Wage expected: _____ Will you work overtime? Yes ___ No ___
Have you ever worked for S.B. Books or affiliated stores before? Yes ___ No ___ If "Yes," please indicate dates and location: _____	
Have you ever applied for employment under a different name? Yes ___ No ___ If "Yes," what was that name? _____	

Do you own a car? Yes ___ No ___ If "Yes," tell us: Year: _____ Make: _____ License #: _____ California Drivers License #: _____

Do you have any friends or relatives working for S.B. Books, Inc.? Yes ___ No ___ If "Yes," please answer the following:

Name: _____ Position: _____ Location: _____ Relationship: _____

In case of an emergency, notify the following person: _____ Relationship: _____

Phone (____) _____ Address: _____ Pager/Cell (____) _____

Are you a citizen of the United States? Yes ___ No ___ If not, do you have the legal right to work in the US? Yes ___ No ___ Place of birth: _____

Can you, upon employment, submit documentation verifying your legal right to work in the United States and your identity? Yes ___ No ___

Have you ever been convicted of a felony or misdemeanor, other than minor traffic violations? Yes ___ No ___ (A record does not necessarily disqualify you from employment consideration) If yes, list convictions and dates and details: _____

Marital Status	Dependents	Residence	Physical
Single	Wife/Husband	Own or buying home	Age: _____ Date of Birth: _____ Hair color: _____
Engaged	Number of children	Rent home	Weight: _____ Height: _____ Eyes Color: _____
Married	Ages of children	Rent room or board	Hearing: Good ___ Fair ___ Poor ___ Wear Aid ___
Separated		Live with spouse	Wear eye glasses/contact lenses? Yes ___ No ___
Divorced	Parents	Live with parents	Known allergies: _____
Widowed	Other	Live with roommates	Will you take a physical examination? Yes ___ No ___

US Military Service- Service Branch: _____ Final Rank: _____
Specialty: _____ Type of Discharge: _____
Date Entered: _____ Date Separated: _____
Reserve Organization: _____ Selective Service: _____

Statement of Health- Have you ever failed to pass an insurance physical? ___
Have you ever filed a claim for Workmen's Compensation? Yes ___ No ___
If yes, did you receive an award? Yes ___ No ___
Have you missed work during the past six months due to illness? Yes ___ No ___

Give a complete record of all employment and reasons for periods unemployed during the past ten years. Start with the most recent employment.

LATEST EMPLOYMENT FIRST				EMPLOYER'S NAME, ADDRESS, TELEPHONE NO. AND NAME OF LAST SUPERVISOR	LAST SALARY AND POSITION(S) HELD	DUTIES	REASON FOR LEAVING	
FROM		TO						
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			
MONTH	YEAR	MONTH	YEAR	EMPLOYER	SALARY			
				NO & STREET	PHONE #			POSITION
				CITY, STATE, ZIP	SUPERVISOR			

Professional organizations, special interests, hobbies, clubs: (Omit any which might indicate race, religion, color, national origin or ancestry.) _____

What languages other than English do you speak and write? _____

What office machines/computers can you use? _____

Typing Speed Per Minute: _____

Shorthand Speed Per Minute: _____

EDUCATION - Names and Complete Addresses of Schools		Circle Last Grade Completed	Did you graduate?	Date of leaving or graduation date
Grammar School:		1 2 3 4 5 6 7 8		
High School:		9 10 11 12		
Col. College:	MAJOR SUBJECTS	YEARS COMPL'D	DEGREES	
University:	MAJOR SUBJECTS			
Trade School:	MAJOR SUBJECTS			

PERSONAL REFERENCES- Give three references whom you have known at least five years. (NOT relatives or former employers)	
Name	Home #: _____ No. & Street: _____ Occupation: _____ City, State, Zip _____
Name	Home #: _____ No. & Street: _____ Occupation: _____ City, State, Zip _____
Name	Home #: _____ No. & Street: _____ Occupation: _____ City, State, Zip _____

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSIFICATIONS OR INTENTIONAL OMISSIONS IN THIS APPLICATION ARE GROUNDS FOR DISQUALIFICATION FROM FURTHER EMPLOYMENT CONSIDERATION OR FOR MY DISMISSAL FROM THE COMPANY. I AGREE THAT S.B. BOOKS, INC. SHALL NOT BE HELD LIABLE IN ANY RESPECT IF MY EMPLOYMENT IS TERMINATED BECAUSE OF THE FALSITY OF STATEMENTS, ANSWERS OR OMISSIONS MADE BY ME IN THIS APPLICATION.

I UNDERSTAND THAT THIS APPLICATION WILL REMAIN ACTIVE FOR THIRTY (30) DAYS FROM TODAY'S DATE. IF I STILL DESIRE A POSITION WITH THE COMPANY AFTER THIS APPLICATION EXPIRES, IT WILL BE MY RESPONSIBILITY TO FILL OUT A NEW APPLICATION AND FILE IT WITH AN AGENT OF S.B. BOOKS, INC. AFTER THAT TIME PERIOD ENDS.

Signature of Applicant

Date

Signature of Interviewer

Date